

114.3 CMR: Division of Health Care Finance And Policy

114.3 CMR 46.00: RATES FOR CERTAIN SUBSTANCE ABUSE PROGRAMS

Section

46.01: General Provisions

46.02: Definitions

46.03: Filing and Reporting Requirements

46.04: Rate Provisions

46.05: Severability of the Provisions of 114.3 CMR 46.00

46.01: General Provisions

(1) Scope. 114.3 CMR 46.00 governs rates of payment to be used by all governmental units making payment to eligible providers of certain substance abuse services to publicly assisted clients. The rates for health care services set forth in 114.3 CMR 46.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L.c.152.

(2) Disclaimer of Authorization of Services. 114.3 CMR 46.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 46.00. Governmental units which purchase services from eligible providers are responsible for the definition, authorization, and approval of services extended to publicly assisted clients.

(3) Effective Date. 114.3 CMR 46.00 shall be effective October 1, 2003.

(4) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 46.00 to specify the information and documentation necessary to implement 114.3 CMR 46.00 if necessary for informed consideration of program rate requests, and to publish procedure code updates and corrections. The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5) Authority. 114.3 CMR 46.00 is adopted pursuant to M.G.L. c. 118G.

46.02: Definitions

Meaning of Terms. As used in 114.3 CMR 46.00, unless the context requires otherwise, terms shall have the meanings ascribed in 114.3 CMR 46.02.

Acute Treatment Services (Inpatient) Level III A, B, and C.

These medically monitored acute intervention and stabilization services provide supervised detoxification to individuals in acute withdrawal from alcohol or other drugs and address the biopsychosocial problems associated with alcoholism and other drug addictions requiring a 24-hour supervised inpatient stay.

Level IIIA services provide acute detoxification and related treatment to individuals assessed as being at risk of severe withdrawal syndrome, utilizing detoxification protocols, standing orders, and physician consultations. These services are governed by the Massachusetts Department of Public Health Regulation 105 CMR 160.000. A facility licensed under these regulations may provide Levels III A, B and C.

Level IIIB services provide continuing medical assessment, intensive counseling, and case management for clients who are not intoxicated or have been safely withdrawn from alcohol or other drugs and who require a 24-hour supervised inpatient stay to address the acute emotional, behavioral, or biomedical distress resulting from an individual's use of alcohol or other drugs. These services are governed by the Massachusetts Department of Public Health Regulation 105 CMR 160.000. A facility licensed under these regulations may provide Levels III B and C.

Level IIIC services provide inpatient transitional services, including continuing medical assessment, counseling and aftercare planning, for clients who have completed a detoxification level of service and are expected to be transferred to a longer term residential rehabilitation program. These services are governed by the Massachusetts Department of Public Health Regulation 105 CMR 161.000. A facility licensed under these regulations may provide Level III C.

Alcoholism Recovery Home. The program of services defined as a Halfway House in the Massachusetts Department of Public Health's Rules and Regulations for Halfway Houses for Alcoholics pursuant to 105 CMR 165.

Approved Program Rate. The rate per service unit approved by the Division and filed with the Secretary of the Commonwealth.

Case Consultation. A meeting with a professional of another agency to resolve treatment issues or to exchange other relevant client information. Case consultation may be billed only for face to face meetings that are necessary as a result of the inability or inappropriateness of other forms of communication, such as telephone and letter. Such circumstances and services must be documented in the recipient's record and be available as part of any record audit that the purchasing agency may perform.

Case Management. Services, as specified by the Division of Medical Assistance, that coordinate the substance abuse treatment of pregnant women with other medical and community services that are critical to the needs of the woman and her pregnancy. Case Management is billable only for women enrolled in the Intensive Outpatient Program. Service is limited to one hour per week per enrollee, provided in no less than 15-minute increments.

Clients. Recipients of service units within a program.

Client Resources. Revenue received in cash or in kind from publicly assisted clients to defray all or a portion of the cost of program services. Client resources may include payments made by publicly assisted clients to defray the room and board expense of residential services, clients' food stamps, or payments made by clients according to ability to pay or sliding fee scale.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) are used when required.

Couple Counseling. Therapeutic counseling provided to a couple whose primary complaint or concern is disruption of their relationship or family due to substance abuse.

Day Treatment. A highly structured substance abuse treatment day program that meets the service criteria set forth by the Department of Public Health and the Division of Medical Assistance. A Day Treatment Program operates at least four hours per day, five to six days per week.

Division. The Division of Health Care Finance and Policy established under M.G.L. c. 118G.

Driver Alcohol Education. The program of services, provided through licensed substance abuse counseling programs, legislated by M.G.L. c. 90, § 24D to first offender drunk drivers adjudicated in Massachusetts courts.

Educational/Motivational Session. A meeting between staff of a Driver Alcohol Education Program and not more than 12 clients. Clients are required to participate in 32 hours of this interactive group programming either in 16 two-hour groups or 21 90-minute groups.

Eligible Provider. Any individual, group, partnership, trust, corporation or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been or may be adopted by a purchasing governmental unit.

Enhanced Acute Treatment Services. A program to detoxify pregnant women from alcohol or drugs that involves special medical protocols to address the needs of pregnancy and that includes other medical and support components to ensure quality of both substance abuse treatment and obstetrical care.

Established Charge. The lowest fee that is charged by the eligible provider to the general public or any third party payer, other than a governmental unit, for the provision of one program service unit. Fees based upon the client's ability to pay, as in the case of a sliding fee scale, and fees subject to Division review and approval are not deemed to be established charges.

Family Counseling. The therapeutic counseling of more than one member of a family at the same time in the same session, where the primary complaint or concern is disruption of the family due to substance abuse.

Group Counseling. Therapeutic counseling to an unrelated group of people having a common problem or concern which is associated with substance abuse. Groups are limited to 12 clients.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth..

Individual Counseling. A therapeutic meeting between an individual whose primary complaint or concern is substance abuse, and the staff of an eligible provider.

Individual Assessment Session. A meeting between staff of a Driver Alcohol Education Program and an individual client to explore the client's drinking habits and to place the client in the appropriate educational track in the group programs. Each client must participate in 90 minutes of assessment.

Medical Services Visit. A medical services visit to an opioid treatment program includes medical assessment, medical case management, and dispensing of medication to opiate addicted individuals who require support of opioid substitution therapy, as noted in the Department of Public Health's standard RFR program description of Opioid Treatment Programs and pursuant to 105 CMR 162.

Operating Agency. An individual, group partnership, corporation, trust or other legal entity that operates a program.

Opioid Treatment. Opioid Treatment offers medically monitored treatment services for opiate-addicted clients and combines medical and pharmacological interventions with professional counseling, education, and vocational services. Services are offered on both a short-term (detoxification) and long-term (treatment) basis. Any individuals who are addicted to opiate drugs, primarily heroin, and are medically screened as appropriate are eligible.

Publicly Assisted Client. A person who receives program services for which a governmental unit is liable, in whole or in part, under a statutory program of financial assistance.

Purchasing Governmental Unit. A governmental unit that has purchased or is purchasing service units from an eligible provider.

Reimbursable Operating Costs. Those costs reasonably incurred or expected to be incurred by a program in the provision of care except those costs delineated in accordance with 114.3 CMR 46.04.

Related Party. A person or organization that is associated or affiliated with, has control of, or is controlled by the operating agency or any director, stockholder, partner, or administrator of the operating agency by common ownership or control or in a manner specified in sections 267(b) and (c) of the Internal Revenue Code of 1954 as amended, provided, however, that 10% is the operative factor as set out in sections 267(b)(2) and (3) and provided further that the definition of "family members" found in section 267(c)(4) of said code includes for the purpose of 114.3 CMR 46.00:

- (a) husband and wife,
- (b) natural parent, child, and sibling,
- (c) adopted child and adoptive parent,
- (d) stepparent and stepchild,
- (e) father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, and daughter-in-law, and
- (f) grandparent and grandchild.

Reporting Year. The operating agency's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR), normally July 1st to June 30th.

Residential Drug-Free Program. The program of services defined in the Massachusetts Department of Public Health Regulation 105 CMR 750.000 Licensure and Approval of Drug Treatment Programs.

Substance Abuse Outpatient Counseling. The services defined in the Massachusetts Department of Public Health Regulation 105 CMR 162.00.

46.03: Filing and Reporting Requirements

(1) Reporting for Annual Review. Unless exempted herein, each Operating Agency shall on or before the 15th day of the fifth month after the end of its fiscal year, submit to the Division:

- (a) a copy of its Uniform Financial Statement and Independent Auditor's report completed in accordance with the filing requirements of the Operational Services Division, Department of Administration and Finance.
- (b) Supplemental program questionnaire, if requested by the Division.

(2) Penalties.

- (a) An Operating Agency's Approved Rate shall be reduced by 25% of the Approved Rate for the number of late days. Late days shall be defined as the total number of days between the Operating Agency's due date for filing a completed Cost Report package as defined in 114.3 CMR 46.03(1) and the date the Operating Agency's completed Division Cost Report package as defined in 114.3 CMR 46.03(1) is received by the Division.
- (b) Additional Information Requested by the Division. Each Operating Agency shall file such additional information as the Division may from time to time require no later than 21 days after the date of mailing of that written request. If the Division's request for the

missing information and/or documentation is not fully satisfied through the submission of written explanation(s) and/or documentation within 21 days of the mailing of that request, all costs relative to that request shall be excluded from rate development.

(3) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to the Division shall be certified under pains and penalties of perjury as true, correct and accurate by the Executive Director or Chief Financial Officer of the Operating Agency.

(b) Examination of Records. Each Operating Agency shall make available all records relating to its operation and all records relating to a realty service or related party or holding company or any entity in which there may be a common ownership or interrelated directorate upon request of the Division for examination.

(c) Field Audits. The Division may from time to time conduct a field audit. The Division shall make reasonable attempts to schedule an audit at the mutual convenience of both parties.

46.04: Rate Provisions

(1) Services included in the Rate. The approved rate shall include payment for all care and services that are or have been customarily part of the program of services of an eligible provider, subject only to the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).

(2) Reimbursement as Full Payment. Each eligible provider shall, as a condition of acceptance of payment made by one or more purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered, subject only to appellate rights as set forth in M.G.L.c.118G. There shall be no duplication or supplementation of payment from sources other than those expressly recognized or anticipated in the computation of the rate. Any client resources or third party payments received on behalf of a publicly assisted client shall reduce, by that amount, the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitations. Except as provided in 114.3 CMR 46.04(2), no purchasing governmental unit may pay less than or more than the approved program rate.

(4) Approved Program Rates. The rate of payment for authorized services shall be the lower of the established charge or rate listed below. Refer to purchasers' manuals for special coding instructions and limitations on number of units.

Code	Rate	Description
Inpatient Services		

Code	Rate	Description
H0010	\$109.10	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient); (Level III-B, per day)
H0010-52	\$72.43	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) (reduced services); (Level III-C, per day)
H0011	\$198.00	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient); (Level III-A, per day)

Residential Services

H2034	\$55.00	Alcohol and/or drug abuse halfway house services, per diem (residential rehabilitation)
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Opioid Treatment Services

Medical Services Visit

H0020	\$10.21	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (dose only visit)
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Counseling

H0020-TF	\$27.59	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (intermediate level of care); (individual, per 30 minute unit, two units maximum per session)
H0020-HR	\$33.12	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (family/couple with client present, per 30 minute unit, two units maximum per session)
H0020-HQ	\$10.74	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (group setting); (per 45 minute unit, two units maximum per session)

Ambulatory Services

Outpatient Counseling

90882-HF	\$27.59	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions; (substance abuse program) (per 30 minute unit, two units maximum per session) (case consultation)
H0001	\$13.79	Alcohol and/or drug assessment (per 15 minute unit, 4 units maximum per session)
H0004	\$13.79	Behavioral health counseling and therapy, per 15 minutes; (individual counseling, four units maximum per session)
H0005	\$10.74	Alcohol and/or drug services; group counseling by a clinician; (per 45 minute unit, two units maximum per session)
T1006	\$33.12	Alcohol and/or substance abuse services; family/couple counseling (per 30 minute unit, two units maximum per session)

Driver Alcohol Education

H0001-H9	\$13.79	Alcohol and/or drug assessment (court-ordered) (per 15 minute unit, 6 units maximum per session)
H0004-H9	\$13.79	Behavioral health counseling and therapy, per 15 minutes (court-ordered);

Code	Rate	Description
		(individual, 6 units maximum per session)
H0005-H9	\$7.16	Alcohol and/or drug services; group counseling by a clinician (court-ordered); (per 30 minute unit, four units maximum per session)

Day Treatment

H2012-HF	\$14.91	Behavioral health day treatment, per hour (substance abuse program); (4 hours per day)
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Services for Pregnant/Postpartum Recipients

Inpatient Services

H0011-HD	\$247.95	Alcohol and/or drug services; acute detoxification (residential addition program inpatient) (pregnant/parenting women's program); (Level III A, per day)
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Outpatient Services

H0004-HD	\$13.79	Behavioral health counseling and therapy, per 15 minutes; (pregnant/parent women's program) (individual counseling, four units maximum per session)
H0005-HD	\$10.74	Alcohol and/or drug services; group counseling by a clinician; (pregnant/parenting women's program); (per 45 minute unit, two units maximum per session)
H0006-HD	\$8.00	Alcohol and/or drug services; case management (pregnant/parenting women's program); (per 15 minute unit, four units maximum per day)
T1006-HD	\$33.12	Alcohol and/or substance abuse services; family/couple counseling (pregnant/parenting women's program); (per 30 minute unit, two units maximum)

Day Treatment

H1005	\$55.17	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at risk enhanced service, antepartum management, care coordination, education, follow-up home visit) (individual counseling, one hour unit, one unit maximum per day)
H1005-HQ	\$59.64	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at risk enhanced service, antepartum management, care coordination, education, follow-up home visit) (group setting); (per four hour unit, one unit maximum per day)

46.05: Severability of the Provisions of 114.3 CMR 46.00

The provisions of 114.3 CMR 46.00 are severable. If any provision of 114.3 CMR 46.00 or application of such provision to any eligible provider or fiscal intermediary is held invalid or unconstitutional, such determination will affect the validity or constitutionality of any remaining provisions of 114.3 CMR 46.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

